

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H55100

FILED
Apr 23, 2007
Secretary of State

Entity Name: LEISURE FURNITURE AND POWDER COATING, INC.

Current Principal Place of Business:

% FRANK O. WAGNER
14970 OLD HWY. 41 N. UNIT #1
NAPLES, FL 34110

New Principal Place of Business:

% FRANK O. WAGNER
1076 BUSINESS LANE UNIT 7
NAPLES, FL 34110

Current Mailing Address:

% FRANK O. WAGNER
14970 OLD HWY. 41 N. UNIT #1
NAPLES, FL 34110

New Mailing Address:

% FRANK O. WAGNER
1076 BUSINESS LANE UNIT 7
NAPLES, FL 34110

FEI Number: 59-2313461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, FRANK O.
14970 OLD HWY. 41 N.
UNIT 1
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

WAGNER, FRANK O.
1076 BUSINESS LANE UNIT 7
UNIT 1
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WAGNER, FRANK O.,
Address: 206 MONTEREY DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK O. WAGNER

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date